

**570 COMMUNITY COLLABORATIVE CARE TEAMS**

EFFECTIVE DATES: 03/01/12, 05/08/18

REVISION DATES: 10/01/13, 03/01/14, 07/01/15, 03/15/18

**I. PURPOSE**

This Policy applies to DES/DDD (DDD) and RBHA Contractors. This Policy establishes requirements for Community Collaborative Care Teams (CCCT) to communicate, collaborate, and coordinate services, supports and payment responsibility designed to address the complex behavioral, physical, and developmental needs of members in the DDD long term care program who have co-occurring behavioral or physical health conditions. These individuals typically require services from multiple payor sources. In performing care coordination services, TRBHAs are responsible for working collaboratively with any necessary entity, including DDD, to provide effective treatment to members.

This Policy addresses the requirements to establish CCCTs that are responsible for recommending the cost-effective care for identified member(s) covered by this Policy, regardless of payor source. The CCCT process is not meant to replace the Child and Family Team (CFT) or Adult Recovery Team (ART) practice, nor does it prohibit members from exercising their appeal rights.

**II. DEFINITIONS**

<b>COMMUNITY COLLABORATIVE CARE TEAM (CCCT)</b>	A team of experts dedicated to meet the member's unique needs through care coordination.
<b>SERVICE PLAN</b>	A complete written description of all covered health services and other informal supports which includes individualized goals, family support services, care coordination activities and strategies to assist the member in achieving an improved quality of life.

**III. POLICY**

The goal of a CCCT is to improve health outcomes for DDD members, whose existing long term care and/or behavioral health Service Plan do not meet the member's needs. These members may have co-occurring physical and behavioral health conditions, and/or may exhibit disruptive and potentially life-threatening, sexually maladaptive and/or extreme behaviors. These behaviors are likely to have a serious effect on the member's daily life, family relationships, and residential placements, employment or educational options. Collaborative efforts of the CCCT should focus on developing options for members to live safely and successfully in the community while minimizing the risk to themselves and others.

The CCCT shall establish processes to determine the coordination of natural supports, community resources/services, and AHCCCS covered services that are necessary to achieve the highest level of functioning for the member. The CCCT shall make service delivery and placement recommendations to the respective providers, and member/guardian/designated representative as outlined in this Policy.

#### **A. GUIDING PRINCIPLES**

Contractors and their respective CCCT members shall adhere to the following guiding principles:

1. A shared responsibility by coming together with the member/guardian/designated representative, as well as family supports, to determine how best to serve the member's needs. This includes development of a coordinated Service Plan.
2. A willingness of CCCT members to be creative when planning for service delivery, including the coordination of services and supports that meet the unique needs of the member.
3. An agreement of Contractors to provide appropriate training for staff, the member/guardian/designated representative, and family members, including trainings that help in understanding the language of the delivery system, and training in the Contractor's basic mission, philosophies, and methods of service delivery.
4. A commitment by Contractor leadership, including the DDD District Level and Central Office leadership, to maintaining close communication with CCCT members when expertise, decision making and payment responsibility issues arise, and a commitment to address requests for assistance when resolutions or innovative strategies are needed.
5. Support of a multi-disciplinary CCCT membership for planning, delivering, and evaluating services at all levels. The multi-disciplinary team members shall work to utilize the delivery systems available in order to enhance member care. The CCCT membership shall include, but is not limited to:
  - a. The member,
  - b. Family members,
  - c. Legal guardian,
  - d. Designated representative,
  - e. RBHA and DDD staff as required in this Policy,
  - f. Behavioral Health Provider,
  - g. Primary Care Provider,
  - h. Additional provider representatives and/or state agencies serving the member, and
  - i. Any other person(s) important in the member's life who is invited to participate by the member/guardian/designated representative or the member's family.

**B. REFERRING A MEMBER TO A COMMUNITY COLLABORATIVE CARE TEAM**

RBHA Care Coordination staff or DDD Regional/District representative may refer a member for consideration to a CCCT as outlined in this Policy . The CCCT shall have a referral process that facilitates a timely and professional, consultative process and fulfills the requirements of this Policy.

1. At minimum, each CCCT referral shall include:
  - a. Member demographic data,
  - b. Guardian/designated representative information, if applicable,
  - c. Contact information such as spouse/significant other, or family member(s),
  - d. Other agency involvement and contact information,
  - e. Medical health plan information including primary insurance coverage and/or Medicare enrollment,
  - f. Clinical information including:
    - i. Current diagnoses,
    - ii. Current and past medications,
    - iii. Substance use history,
    - iv. Medical history and providers,
    - v. Member's needs to be addressed,
    - vi. Description of challenges and/or barriers to serving the member successfully in the community, and
    - vii. Summary of prior treatment plans and service options that have been unsuccessful to meeting the member's needs.

**C. RESPONSIBILITIES OF THE CONTRACTOR AND THE CCCT PROCESS**

1. Contractors shall ensure assignment of appropriate staff to serve as a member of the CCCT as follows:
  - a. At a minimum, RBHA staff shall include:
    - i. Chief Clinical Officer,
    - ii. Network Administrator, and
    - iii. Physical Health Plan and Provider Coordinator or their designees.
  - b. At a minimum, DDD staff shall include:
    - i. Regional/District Support Coordination Program Manager,
    - ii. Area Program Manager/Resource Manager,
    - iii. Network Administrator, and
    - iv. Behavioral Health Coordinator or their designees.
2. The CCCT shall screen referral information submitted by a RBHA Care Coordination staff or the DDD Regional/District representative.
3. The CCCT shall provide continuous communication with the RBHA Care Coordination staff and DDD Regional/District representative during the referral review process information to ensure communication regarding the process and the status of the member's care.

4. Upon acceptance of a referral, the CCCT will make service delivery and placement recommendations including decisions regarding payment responsibility, if appropriate, no later than 60 days from the date of referral.
5. If the CCCT does not accept a referral, the team shall notify the referral source why the referral does not meet the criteria for the CCCT.
6. The CCCT shall utilize their collective expertise, resources and the guiding principles listed in this Policy in making recommendations for specific services to address the complex physical and behavioral health needs of the identified members.

At a minimum, the service array shall include:

- a. A professional functional behavioral analysis,
- b. A jointly developed Service Plan,
- c. A physical assessment to rule out medical issues that may be contributing to behavioral problems,
- d. A member specific crisis plan,
- e. The necessary training and coaching of the member's family and appropriate staff to ensure successful implementation of the Service Plan,
- f. Well defined outcome measures (e.g. use of a Goal Attainment Scale that defines attainable goals that are specific for the member), and
- g. A jointly determined placement plan.

Other recommendations may include, but are not limited to:

- a. Treatment of trauma related issues, sexually maladaptive behaviors and/or aggressive behaviors,
  - b. Home and community based services,
  - c. DDD Transition Homes,
  - d. DDD Group Homes that have experience in serving members with complex needs,
  - e. Primary Care Providers (PCP) services, and/or
  - f. Other specialty health care provider services, depending on the members' needs.
7. The CCCT shall determine which placement (institutional facility, treatment facility, or a home and community based setting) is appropriate for the member consistent with current AMPM Policy 1620-C, and that services provided under TXIX are cost effective.
  8. The CCCT shall conduct necessary data collection and data analysis on the outcomes of each member referred to the team to demonstrate the effectiveness of the CCCT process.
  9. The CCCT shall meet, at minimum, monthly and as necessary to fully address the needs of the member until the CCCT agrees to close out the referral.
  10. The RBHA Contractor shall submit a Community Collaborative Care Teams Report as specified in Contract.

**D. TREATMENT SERVICES COORDINATION PROCESS**

In all cases, it is expected that the CCCT reach a consensus on the provision of identified supports and services for the member, including Contractor responsibility of the amount, duration, and frequency of services.

If the CCCT is unable to reach consensus regarding the service array, payment responsibilities and/or placement options for a member, the team may request assistance from Contractor leadership. In such instances, the following shall occur:

1. DDD and RBHA Contractor leadership or Medical Directors shall assemble a team of appropriate staff to reach consensus on all unresolved issues.
2. If the team is still unable to reach consensus, Contractors shall request assistance from the AHCCCS Medical Director.